

# TEXAS DEPARTMENT OF LICENSING AND REGULATION PO Box 12157 ● Austin, Texas 78711-2157 (800) 803-9202 ● (512) 463-6599 ● FAX (512) 475-2871 www.tdlr.texas.gov ● cs.cosmetologists@tdlr.texas.gov

## COSMETOLOGY INSTRUCTOR LICENSE BY COLLEGE EDUCATION APPLICATION INSTRUCTIONS

The application must be completed and signed by the applicant. An application is not considered complete and will not be processed until all required items have been submitted. All information provided must be typed or printed in <u>black ink</u>. Attachments must be submitted on separate pieces of single-sided, 8½" x 11" paper. Use a paperclip to fasten all pages together, with a cashier's check or money order on top. **Do not use staples**.

## DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CASHIER'S CHECK OR MONEY ORDER.

- 1. NAME Write your legal name in the spaces provided. (Last, First, Middle Initial, Suffix) Examples of a suffix include Jr., Sr., and III. (Mr. is not a suffix.)
- 2. <u>DO YOU HAVE A SOCIAL SECURITY NUMBER</u> Check YES or NO to indicate if you have been issued or assigned a Social Security Number by the Social Security Administration.
- 3. <u>SOCIAL SECURITY NUMBER</u> Social security number disclosure is required by Section 231.302(1) of the Texas Family Code in order to obtain a license. Your social security number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the Texas Attorney General at:

www.oag.state.tx.us/child/index or call (512) 460-6000 or (800) 252-8014

- 4. <u>DATE OF BIRTH</u> Write your birthdate.
- 5. GENDER Select whether you are male or female.
- 6. MAILING ADDRESS Write your current mailing address. This is the address where we will send you mail. This address can be a post office box. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately. Always keep your mailing address current with TDLR. A license renewal notice will be mailed to your address of record before the date your license will expire.
- 7. <u>PHONE NUMBER</u> Write a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
- 8. <u>EMAIL ADDRESS</u> Write your email address. Please provide your email address so the department may email license information and required notices to you. Your email address is confidential pursuant to the Texas Public Information Act, and the department will not share it with the public.
- 9. TYPE OF INSTRUCTOR LICENSE APPLYING FOR Check the box of the license you are applying for.
- 10. <u>HIGH SCHOOL DIPLOMA OR G.E.D.</u> Check YES or NO to indicate if you have graduated from high school or earned a G.E.D.
- 11. <u>CRIMINAL HISTORY</u> Indicate if you have ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation. If YES, complete and attach a Criminal History Questionnaire for each offense. This form can be obtained from the TDLR website at www.tdlr.texas.gov/misc/LIC002.pdf

If you are worried your criminal history could prevent you from getting this license, Texas allows you to have your criminal history evaluated before submitting your application and non-refundable fees. To request a criminal history evaluation, submit a Criminal History Evaluation Letter, a completed Criminal History Questionnaire form for each crime you were convicted of, or placed on deferred adjudication for, and a \$25 fee. You can find more information on the process and download the necessary forms on the TDLR website at www.tdlr.texas.gov/crimHistoryEval.htm

12.	<u>DISCIPLINARY ACTION HISTORY</u> - Indicate if you have ever had an occupational license, certification, or registration suspended, revoked, or denied in any state. If you have, complete and attach a Disciplinary Action Questionnaire for each disciplinary action. This form can be obtained from the TDLR website at http://www.tdlr.texas.gov/misc/Disciplinary Action Questionnaire.pdf
13.	COSMETOLOGY INSTRUCTOR LICENSE ELIGIBILITY - Check option (a) or (b) to identify the method you are using to meet the educational requirement for an instructor license.

- 14. <u>ATTACHMENTS</u> If you check option 13(a), you must include a copy of your college transcript that shows you completed 15 semester hours in educational courses through an accredited college or university within 10 years of your application. You must also have at least one year of experience as a cosmetology operator or specialty license holder.
  - If you check option 13(b), you must include a copy of your degree in education from an accredited college or university. Additionally, you must also have at least one year of experience as a cosmetology operator or specialty license holder.
- 15. <u>STATEMENT OF APPLICANT</u> Carefully read the statement of applicant before you date and sign your application.

State law prohibits renewing a license more than once after a licensee has defaulted on a student loan guaranteed by the **Texas Guaranteed Student Loan Corporation (TGSLC)** unless the licensee has entered into a repayment agreement with TGSLC. YOU SHOULD CONTACT TGSLC BEFORE FILING THIS APPLICATION if you have defaulted on a student loan. An application or renewal may be rejected if this agency has received information from TGSLC that the applicant has defaulted on a student loan. The Texas Guaranteed Student Loan Corporation can be contacted at: **Texas Guaranteed Student Loan Corporation**, **PO Box 15996**, **Austin**, **Texas 78761-5996**, **Telephone**: **(800) 222-6297**.

FOR LICENSING USE ONLY

### COSMETOLOGY INSTRUCTOR LICENSE BY COLLEGE EDUCATION APPLICATION

#### FOR FINANCIAL SERVICES USE ONLY

VOLUMENT MEET ALL DECLUDEMENTS IN		RITE ABOVE		THE ADDITION	WILLE	TEDMINATES
YOU MUST MEET ALL REQUIREMENTS W	ATION FEE: \$				WILL BE	TERMINATED.
PAYMENTS MUST BE IN THI	E FORM OF A CA	ASHIER'S CHE	CK OR MONEY	ORDER PAYABLE	TO TDLF	1
1. Name:	RMATION MUST	BE TYPED OF	R PRINTED IN B	LACK INK		
Last	ahar (CCN).		First	Middle Ir	nitial	Suffix (JR, SR, III)
2. Do you have a Social Security Num	iber (55N):	⊔ Yes	∐ No			
<ol> <li>Social Security Number:</li> <li>(See instruction sheet for disclosure information)</li> </ol>					_	
4. Date of Birth:			5. Gender:			
<b>-</b>	<b>-</b>	Year		☐ Male	Female	
6. Mailing Address: (USED TO RECEIVE MAIL		D box is allowed for	this address)			
<b>.</b>						
Number, Street Name, Apartment Number						
City		Sta	ate		Zip C	Code
7. Phone Number:		8. Email Ac	ldress:			
( )						
Area Code Phone Number		(E)	c: johndoe@aol.com) Se	ee instruction sheet for discle	osure informat	ion
9. Type of Instructor License Applyin	g for:					
☐ Cosmetology Operator	☐ Esthetic	cian Specialty	1	☐ Manicurist Specialty		
☐ Eyelash Extension Specialty	☐ Esthetic	cian/Manicuri	st Specialty			
10. Have you obtained a high school	Diploma or the	e equivalent	of a high sch	ool diploma?	☐ Y	es 🗌 No
11. Have you ever been convicted of,		-		•		
misdemeanor or felony, other tha If YES, attach a Criminal History Questionnai					∐ Ye	es 🗌 No
•						
	See the instruct		more informati	<u>on</u>		
<ol><li>Have you ever had an occupation or registration suspended, revoke</li></ol>					□ Ye	es 🗌 No
If YES, attach a Disciplinary Action Question						
(This does <u>not</u> include your driver license.)						
13. Cosmetology Instructor License B	•	•				
<ul> <li>(a) I completed 15 semester hours in before the date of application and</li> </ul>						
specialty license in the field I chec			vherierice licel	iscu as a cosillei	ology op	orator or
☐ (b) I obtained a degree in education f			or university or	nd have at least a	na voor	of experience
licensed as a cosmetology operat						oi exhemence
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<ul> <li>Transcripts from an accredited college or university showing you have completed 15 semester hours of ed courses.</li> </ul>							
If you checked <b>option (b)</b> , you m	nust attach to your application:						
A copy of your degree in a	education from an accredited college or	r university.					
15.	STATEMENT OF APPLICANT						
I certify that I will comply with all app ministrative Code, Chapter 60; and the	licable provisions of the Texas Occupationa he Cosmetology Administrative Rules, 16 To	al Code, Chapters 51, 1602, and 1603; 16 Texas Ad- exas Administrative Code, Chapter 83. I understand license I am requesting and the imposition of adminis	-				
Date Signed	Applicant	Signature					

14. Attachments:

If you checked **option (a)**, you must attach to your application: